Department of Labor and Industries
Apprenticeship Section
PO Box 44530
Olympia WA 98504-4530

INSTRUCTOR'S REPORT OF ACCIDENT/INCIDENT

Form must be submitted within FIVE days of accident/incident of apprentice/ojt during RSI to the Apprenticeship Section

Name of injured individual	Registration #
Name of apprenticeship/ojt program	Accident/incident occurred Date Time
Occupation	
Location of accident/incident during RSI classes	Accident/incident reported to instructor Date Time
Name of any witnesses	

Task being performed when accident/incident occurred

Accident/incident resulted in (mark all that apply)

☐ Fatality   ☐ First aid only   ☐ Medical treatment required   ☐ Workdays lost   ☐ Equipment damage

Describe injuries

Describe how accident/incident occurred

What actions, events, or conditions contributed most directly to this accident/incident?

What could be done to prevent future accidents/incidents of this type?

Both Parties must sign below!

Date   Printed name of program sponsor   Signature

Date   Printed Name of instructor   Signature

F100-509-000 instructor's report of accident/incident 7-03